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Analyzing the Pattern of Smoker in Karachi

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Abstract

An attempt was made to know the about the smoking tenure, patterns and quantity of smoking consumption. Smoking is a common behavior among youngsters and it has been increasing day by day due to quick availability of the product. In order to assess smoking patterns the data was collected from different areas of Karachi including educational and non-

educational with minimum qualification FA and age from 18 to onward. The self made scale was used to achieve the objective of the study. The sample size was 288, male=260 and female=22 were approached randomly by convenient sampling method. Results indicated that there are on smoking tenure the scores were male ($x=2.94$, $sd=.885$) and female ($x=1.68$, $sd=.64$) and significant difference was found ($t(280)= 6.50$, $p= .123$, $F=2.39$) but there was no significant difference on number of packets consumed ($t(280)= 64.47$, $p= .801$, $F=.064$). The following results indicate that there is difference in smoking tenures of the sample group but number of packets consumption is much more equal among the identified population.

Keywords: *Smoking Pattern, T-test, Karachi*

1. Introduction and Background

Tobacco is a major global cause to deaths from chronic diseases. There are 80% of smokers living in developing countries and they are approximately about 1.3 billion in the world [1]. Globally there are 5 million deaths per year due to tobacco use. In future there is expected to rise to 10 million by the year 2025. The important to note, that approximately 7 million of these will be from developing countries. The overall economic burden due to tobacco use costs of US\$ 200 billion annually [2]. There are approximately 47% of men and 12% of women smoke worldwide (WHO). In developing countries, 48% of men and 7% of women smoke, while in developed countries, 42% of men smoke as compared to 24% of women [3].

The Tobacco industry in Pakistan is expanding at a rate of 5% per year [4] and Pakistani cigarettes have amongst the highest levels of tar and nicotine in the world [5]. There has been different patterns of smoking identified, In addition to cigarettes, tobacco is smoked in unique local ways which include “beedi” (tobacco rolled in dry leaves), “Huqqa” comprises of a clay pot (chillum) containing burning coal over a layer of tobacco fixed to a water containing pot with two pipes, one for smoking and the other for filtering the smoke through water. Cigarette smoking or tobacco use has been very strongly associated with a wide range of diseases including cancers of mouth, throat, larynx. lungs, bladder, emphysema and coronary heart disease. This study reports the prevalence and patterns of smoking as recorded in a survey carried out on a stratified systematic sample of adults (15 years and above) during 1990-94.

The National survey of US college students on tobacco use indicated that more than half (61%) of the students had used a tobacco product in the past while one-third currently used

tobacco with cigarettes accounting for majority of tobacco use [6]. A survey of tobacco use by Massachusetts public college students showed a prevalence of current tobacco use in one third of respondents while nearly half of them (46.4%) had used tobacco in the past year [7]. The study conducted in Karachi, Pakistan reported a prevalence of current smoking among adolescents to be 13.7% [10]. Several factors have been attributed to the use of tobacco products by students. These are the perceptions that smoking enhanced one's image, relieved boredom and helped in easing tension [8]. Another study in India identified use of tobacco by fathers and friends, older age, poor educational performance and availability to pocket money as major contributors to tobacco use by students [9]. In Pakistan, a survey of students' revealed similar factors like smoking by peers, family members and spending leisure time outside home as contributing to cigarette smoking [10]. Tobacco use and especially cigarette smoking is a major public health issue among students not only in developed countries but also among developing countries. The study was undertaken with the aim of estimating the prevalence of smoking among male college students and to identify the factors associated with smoking among these students in Karachi, Pakistan [10]. Study conducted in Pakistan it was found that there is a very low prevalence of smoking among female in Karachi Pakistan [11]. So the present study was aim to assess the smoking patterns and quantity of consumption among both groups male and female.

2. Subjects and Methods

A population-based survey was carried out, the sample of 288 people was approached from different areas of Karachi from educational and non-educational sectors both male and female were included. Their educational background was from intermediate to onwards. They were randomly approached through equal probability sampling method. The confidentiality of participants was assured and consent was taken from them. The self made questionnaire was applied. The data was collected from youth population of Karachi. We restricted this analysis to people only who was youth and educated. The main outcome measure was self-reported smoking questionnaire. In which the demographic data was covered and the number of packets consumed were asked as well as time duration that from how long they were smoking was also mentioned. Smokers were defined as individuals who reported current smoking and have smoked previously were included.

3. Results

Results indicated that there are on smoking tenure the scores were male ($x=2.94$, $sd=.885$) and female ($x=1.68$, $sd=.64$) and significant difference was found ($t(280)= 6.50$, $p=.123$, $F=2.39$) but there was no significant difference on number of packets consumed ($t(280)= 64.47$, $p=.801$, $F=.064$). The following results indicate that there is difference in smoking tenures of the sample group but number of packets consumption is much more equal among the identified population. It was also indicated that male consumption is more likely than female and their duration are also higher than female. A similar type of survey has been conducted earlier in order to gather data about product consumed through several packet sizes [12].

Table 1: T-test Estimates

	Gender	N	Mean	Standard Deviation	Sig. Value	T-Value
Smoking Tenure	Male	260	2.94	0.885	0.123	6.507
	Female	22	1.68	0.646		
Numbers of Packets Consumed	Male	260	2.83	1.117	0.801	4.471
	Female	22	1.73	0.985		

4. Discussion and Conclusion

Smoking is common habit of people nowadays especially in men. People use different method of smoking after which they meet the level of self satisfaction. The patterns involves such as Hukka, Birri, Cigarette, Sheesha etc. In the present study it was found that there male are more involved in smoking behavior as compared to female and they scored more than female. It has been supported by the research that in the early twentieth century in the United States and other Western and eastern countries, women were much less likely than men to smoke cigarettes, due in part to widespread social disapproval and less acceptance of women's smoking behavior [13]. Further results suggested that men's standard deviation scores are more than women; which indicated the inconsistent nature of data as well as their behavioral differences in smoking patterns varies from each other. It also indicated that male consume more packets than female and male are also smoking much more years whereas female years record is less. These results indicated that female are culturally bounded in smoking behavior but male consumption of smoking is normal and acceptable in the society

which shows our gender differences, behavior difference among gender in the Pakistani society. The literature suggested that prevalence of smoking is more than female in Karachi [14].

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